

CHAPTER OVERVIEW

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14.1 Definition

Behavior foster care (BFC) is a specialized foster family placement program designed for the child who needs a family setting with greater structure and supervision. Such a child may have experienced multiple placements. BFC foster parents have received specific pre-service training to enable them to work with a child needing a BFC placement.

NOTE: BFC is not an emergency placement nor is it an immediate placement. A pre-placement phase is essential.

A BFC Children's Service Worker shall receive BFC pre-service training. The recommended caseload for a full-time BFC worker should be ten (10) BFC children and ten (10) BFC foster families. A caseload consisting of only BFC children should not exceed 13 children. The BFC Children's Service Worker should only be assigned tasks related to BFC. A reduced BFC caseload allows the BFC Children's Service Worker to provide the needed support to the BFC foster parent(s) and child which increases the likelihood of a positive outcome.

14.2 Referral Process for a Behavioral Foster Care (BFC) Foster Home

To initiate the process, the referring Children's Service Worker should:

1. Assess the child's demonstrated behavior that indicates the need for a more structured treatment-oriented daily routine. (See Characteristics of the BFC Appropriate Child)
2. Contact the assigned BFC staff, describe above behaviors, inquire about appropriateness of referral, and jointly determine if a BFC referral should occur.

3. If appropriate, the case manager should prepare and submit a referral packet, containing the following information, if available:
 - A. Completed or updated CS-9;
 - B. A list of specifically identified and described problem behaviors OR a behavior checklist/inventory;
 - C. Current social history, including family and placement history;
 - D. Copies of the most recent CS-1, CS-16, and court order;
 - E. Appropriate educational material (including current I.E.P. if applicable);
 - F. Medical records, especially the most current medical evaluation;
 - G. Recent psychological testing results (A psychological evaluation may be requested if a current one is not available);
 - H. Recent counseling reports;
 - I. Any residential facility reports, including any treatment using behavior modification;
 - J. The local county BFC referral form; and
 - K. Any other appropriate information.

The BFC Screening Team will review the submitted material; interview, as appropriate, resource people such as current caregiver, therapists, referring worker, etc., and decide on the child's appropriateness for the BFC program.

The Screening Team may recommend:

1. That the child is not appropriate for the program;
2. That the child is appropriate, but a compatible BFC home is not available, in which case the child may be placed on a "waiting list". If the child is placed on a waiting list, the referring case manager should contact the BFC program contact person periodically to check on the referral's status;
3. That the child is appropriate, and a compatible BFC home is available.
4. When it is decided by the team that the child is appropriate and that a compatible home is available, the team will carefully select the prospective BFC home, based upon capabilities of the foster families and the child's characteristics.

The BFC Children's Service Worker will then share all referral information with the prospective BFC home and assess their interest in the child. The BFC Children's Service Worker will then notify the referring worker of the child's acceptance of the child into the program.

NOTE: A BFC provider may care for no more than two (2) BFC children simultaneously. In rare cases, special supervisory approval may be sought for the placement of a third BFC child.

14.3 Roles of the Referring Children's Service Worker and the BFC Children's Service Worker in the Placement and Service Provision Processes

14.3.1 Referring Children's Service Worker

1. Receive oral and written decision from BFC Children's Service Worker, including identification of potential BFC home and pre-placement visitation plan.

NOTE: Pre-placement visits are vital to a successful placement and should not be rushed.

2. Carry out any of the following actions, as appropriate:
 - A. Coordinate all planning with Service County, if county of BFC placement is different from Case Manager County;

NOTE: Prior to BFC staffing, such a referral must be reviewed by the County Director of the receiving county;
 - B. Continue case management if the child is placed on a waiting list for a BFC home;
 - C. Continue case management if child is placed on a waiting list; and
 - D. Notify BFC Worker in writing if placement is no longer needed.
3. Provide services consistent with the case plan to the birth parents.
4. Assess and monitor the birth parents' progress and keep them informed of their child's progress.

14.3.2 BFC Program Children's Service Worker

1. Share a thorough description of potential BFC family with the child and assess his/her interest in them.

2. Assure transportation for the child to/from pre-placement visits.
 - A. BFC parents may be reimbursed, via the CS-65, for transportation costs of pre-placement activities;
 - B. Actual number of visits is governed by the needs of the child and the BFC family;
 - C. A minimum of one in-home, overnight pre-placement visit is required;
 - D. An assessment period where the child is removed from the home must follow every pre-placement visit;
 - E. BFC parents may receive a pro-rated BFC maintenance payment, via the CS-65, on a per diem basis, for lengthy pre-placement visits, even though the child remains officially with another caregiver;
 - F. Gain commitment from both child and the family; then proceed with placement.
3. Assure child's arrival at the BFC home, when all parties agree that the child is ready.
4. Update the SS-61.
5. Complete CS-65, monthly, for approved and earned incentive and reinforcer payments.

Related Subject: Chapter 11, in this section, Financial Support Planning.

6. Assess the child's overall treatment needs, including educational, psychiatric, and emotional. If needed, obtain evaluations.
7. Develop treatment plan for the child's behavior problems within ten (10) days after placement. This plan should be developed using the CS-11 (step chart) and CS-12 as tools.
8. Provide at least weekly consultation to BFC parents
 - A. Assess and monitor progress;
 - B. Review and discuss the STEP charts, positive time charts, and other appropriate material;
 - C. Maintain 24 hour availability to BFC parents to assist with any emergency.

9. Assist the birth parents in carrying out the ABC (Antecedant/Behavior/Consequence) plan while the child is in the birth parents' home.
10. Submit child's progress to the Family Support Team at required intervals.
11. Submit reports regarding the BFC child to court at required intervals, incorporating progress reports and the case plan (CS-1), including FST recommendations.
12. Record all activities every 30 days, incorporating progress reports, FST meetings, court hearings, and case plan changes, as appropriate.
13. Work collaboratively with case manager to arrange sibling visits.

14.4 Termination of Placement

Permanency planning shall continue throughout the BFC placement. Seek a less restrictive setting, once the child's presenting problems have been replaced with appropriate coping behaviors. Post-placement options include:

1. Return to birth parents;
2. Placement with kinship provider;
3. Adoption;
4. Return to traditional foster home;
5. Independent living;
6. Retention in the BFC home; or,
7. Other out-of home care.

The BFC Screening Team should meet with the BFC Children's Service Worker, child's BFC foster parents, child's therapist (if applicable), and birth parents to review, collaborate, and determine the appropriate status and step down (graduation) of the BFC child. The parties should involve a Children's Service Supervisor III for mediation if the parties are unable to reach a consensus regarding termination of the child's BFC status.

The BFC Children's Service Worker should provide ongoing support and assistance to the child's caregiver and the referring Children's Service Worker following the termination of the BFC placement.

14.5 Characteristics of the BFC Appropriate Child

Children placed in a behavioral foster home need greater structure, supervision, and are less able to assume responsibility for their daily care. These children typically have experienced multiple out-of-home placements.

Children appropriate for BFC fall into one of two categories:

1. Children presently in a residential setting who may be moved to a less intensive setting, but not to a traditional foster home or to their parents' home; or
2. Children who lack a viable placement in a traditional foster home and because of their presenting problems would be placed in a residential setting unless an available behavioral foster home can be found.

14.6 Presenting Problems Displayed by the BFC Candidate

Presenting problems displayed by the BFC candidate may include the following:

- Behaviors which if not modified could result in the youth being designated as a status offender;
- History of irresponsible or inappropriate sexual behavior, which has resulted in the need for extraordinary supervision;
- Threatening, intimidating, or destructive behavior which is demonstrated by multiple incidents over a period of time;
- Problems of defiance when dealing with authority figures;
- Significant problems with peer relations;
- Significant problems at school that affect academic achievement or social adjustment;
- Significant problems with lying, stealing, or manipulating;
- Significant problems of temper control;
- Mild substance abuse related problems;
- Oppositional behavior which contributes to placement disruptions and inability to function productively with peers, parent figures, birth family, etc.;
- Any of above behaviors, coupled with medical problems; or

- Any of above behaviors displayed by one or more children of a sibling group, qualifying the entire sibling group for placement together, if appropriate. However, not all children would be eligible for the BFC maintenance rate.

14.7 Children NOT Appropriate for BFC

Children normally not appropriate for BFC include:

- Children under the age of three (3) who cannot be treated effectively through the behavior modification treatment model;
- Children who exhibit severe psychiatric behavior, as diagnosed by a psychiatrist/psychologist, such as an obvious lack of emotional contact, affect disturbances, and/or severe thought distortions;
- Children with a recent history of extreme or dangerous physical aggression;
- Children with a recent history of fire setting;
- Children who have recently attempted suicide and continue to have suicidal ideations;
- Children with an IQ below 65;
- Children who are medically diagnosed as chemically dependent;
- Children with severe medical or physical handicaps which present barriers that the child cannot or will not overcome;
- Children whose primary presenting problem, as diagnosed by a psychiatrist/psychologist is sexual addiction and who need extremely structured treatment and unusually close supervision; or,
- Children with personality disorders, as diagnosed by a psychiatrist/psychologist, who have severe problems forming attachments with caretakers and significant others.

14.8 BFC Foster Parent Responsibilities

It is recognized that the BFC foster parent is the key treatment agent in the BFC process. In order to successfully fulfill this role, the following responsibilities must be carried out:

1. Provide a firm, consistent, nurturing and normalizing environment in which the child receives 24-hour supervision;
2. Be available during all non-school hours except when other arrangements have been made;

3. Provide day-to-day implementation and monitoring of the child's treatment plan and services as agreed upon with other treatment staff;
4. Attend all staffings, FSTs, and court hearings if allowed by the court;
5. Develop and implement a structure of discipline and intervention which encourages self-responsibility and mutual concern for all members of the household in conjunction with the BFC selection team decision;
6. Set and communicate specific behavioral limits for the placed child and impose predetermined consequences when those limits are exceeded;
7. Prepare each child with age appropriate "living" skills needed to function, i.e., personal hygiene, coping skills, money management, parenting skills, home management, job search, interpersonal, and social skills;
8. Participate in the screening process of the child and natural family, if appropriate. Be available for consultation with other treatment team members;
9. Complete periodic reports on the progress of the child in meeting both long and short-term treatment goals. Be available for consultation with other treatment team members;
10. Provide transportation for the child to and from necessary appointments, medical care, daily activities, home visits, etc.;
11. Attend and participate in those activities in which the child routinely engages, such as school, counseling, community activities, etc.;
12. Work with the birth parents, as needed or deemed appropriate, to prepare them for the child's return, and to maintain a sense of family;
13. Participate in BFC foster parent support group, if available;
14. Provide the Division with 14 days notice if it is necessary to remove a child from the home unless an emergency;
15. If respite care is needed, provide the respite home with an understanding of the child and the treatment plan which must be continued.

Related Subject: Chapter 17, of this section, Respite Care.

16. Complete STEP charts and positive time charts on each BFC child placed in the home in accordance with area Children's Division program guidelines.